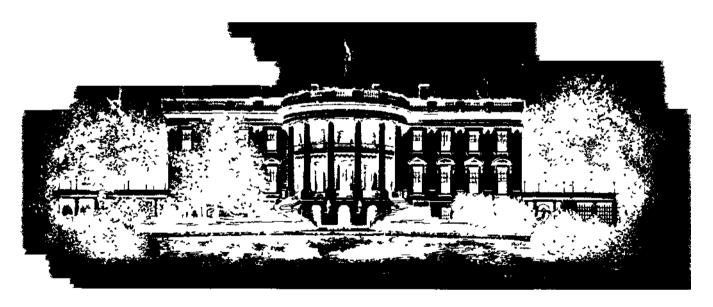
### ACTION FOR THE RETARDED

Recommendations to the President on Federal Programs



THE PRESIDENT'S COMMITTEE ON MENTAL RETARDATION



Elliot L. Richardson Chairman

Senator Clair W. Burgener Vice Chairman

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The Secretary of Labor, Ex Officio

The Director of the Office of Economic Opportunity, Ex Officio

# ACTION for the RETARDED Recommendations to the President on Federal Programs

The President's Committee on Mental Retardation

DHEW Publication No. (OS) 73-83

#### FOREWORD

In June 1972 The President's Committee on Mental Retardation completed compilation of a Report, requested by the President in November 1971, on "Federal Programs for the Retarded." Essentially, this was a review by the Federal departments and agencies which identified their services to the mentally retarded.

The Committee then undertook an analysis of these programs in view of the needs of America's 6 million retarded citizens. It sought to further identify and evaluate Federal resources which if effectively coordinated would mobilize a national effort in .behalf of the retarded. This report establishes goals that are in line with the authorized missions of the Federal departments and agencies, but focus directly on the needs of the retarded.

The recommendations are not intended to be comprehensive or definitive. They are offered as a starting point for what we plan to be a continuing, coordinated effort by Federal agency representatives to achieve the national goals set by the President in his November 1971 statement (reprinted on next page).

As chairman of the Committee's work group on government relations, Mr. James Juliana was principally concerned with developing this report. Completion of the analysis and formulation of the proposals would not have been possible without the contributions of the Committee consultant, Mr. Tadashi Mayeda, and Dr. Raymond Nathan, the Committee's Director of Communications.

Fred J. Krause Acting Executive Director

## STATEMENT BY THE PRESIDENT ON MENTAL RETARDATION

#### November 16, 1971

After meeting November 16 with a small delegation from PCMR, President Nixon issued the following statement directing Federal agencies to put their full support behind PCMR efforts to prevent mental retardation, and to help mentally retarded return from institutions to the community. Present were Chairman Elliot L. Richardson, Assistant HEW Secretary Patricia Hitt, PCMR Vice Chairman Clair Burgener, members Kenneth Robinson and Mrs. Margaret Ulle, and Dr. Joseph Douglass, PCMR Executive Director.

"The cruel bane of mental retardation—which now afflicts more than 6 million Americans, which weighs heavily on the other millions engaged in helping the retarded as family members, health professionals, and volunteer workers, and which diminishes us all by the toll it takes on human potential in our society-can be sharply reduced during the coming generation. And because it can be, it must be. These are my conclusions after conferring this morning with the members of the President's Committee on Mental Retardation.

"Encouraging progress is already being made, both in our efforts to open better lives for the mentally retarded, and in our ability to prevent the occurrence of retardation. Federal spending in this field has increased by more than one-third during the past three years, to an estimated \$668 million in Fiscal Year 1972.

"Today. I pledge continuing expansion of such support, dnd 1 invite all Americans to join me in commitment to two major national goals:

- To reduce by half the occurrence of mental retardation in the United States before the end of this century
- To enable one-third of the more than 200,000 retarded persons in public institutions to return to useful lives in the community

"These goals are realistic and achieveable. We already have most of the knowledge and many of the techniques they will require, and the rest are within reach of research.

"Improved prevention will require much wider application of recent biomedical advances which can help obstetricians avoid prematurity, a prime cause of retardation; immunization against the rubella and measles so dangerous during pregnancy; and new diet therapy for metabolic disorders. It will also call for improvement in the delivery of medical, nutritional, and educational services to expectant mothers and young children, especially those exposed to a high risk of retardation. And it will take further research in methods of screening, research, and treatment. But beyond any question, the effort is worth making: for at the present rate of occurrence, more than 4 million of the 142 million children whom demographers estimate will be born in America between now and the year 2000 would glow up retarded. Their future is in our hands.

"Unlocking the door to new opportunities for today's institutionalized retarded is an equally worthy challenge, and it is possible in the immediate present. Here State and local governments bear the principal responsibility, but strong Federal leadership can also be important. Within institutions, review procedures aimed at identifying persons ready to enter the community must be improved. Counseling, job training and placement services, and suitable living arrangements must be made available in the community. One measure of the distance we have to go on this front is that nearly half the Nation's school districts still offer no special education classes for the mentally retarded.

"To launch this coordinated national effort at reducing mental retardation and ministering more effectively to its victims, I am today initiating a review process throughout the Federal Government. All executive departments and agencies will evaluate their programs—medical, legal, educational, social service, and environmental—with a view to providing maximum support to the President's Committee on Mental Retardation, and will report to Secretary Richardson, chairman of that Committee.

"I am also directing that the Department of Justice take steps to strengthen the assurance of full legal rights for the retarded; that the Bureau of the Census take steps to develop more complete data on the extent of mental retardation; and that the Department of Housing and Urban Development assist in the development of special housing arrangements to facilitate independent living for retarded persons in the community."



#### Introduction

On November 16, 1971, the President pledged the Administration to the expansion of support of mental retardation programs within the Federal Government. He invited all Americans to join him "in commitment to two major national goals:

To <u>reduce</u> by half the occurrence of mental retardation in the United States before the end of this century.

To enable one-third of the more than 200,000 retarded persons in public institutions to return to useful lives in the community."

To launch this coordinated national effort, the President initiated a review throughout the Federal Government. He ordered all executive departments and agencies to evaluate their programs—medical, legal, educational, social service, and environmental—with a view to providing maximum support to the President's Committee on Mental Retardation in its efforts to prevent and alleviate the condition.

Twenty-two executive departments and agencies of the Federal Government participated in the review - the first ever conducted. All executive departments - Agriculture, Commerce, Defense, Health, Education, and Welfare, Housing and Urban Development, Interior, Justice, Labor, State, Transportation, and Treasury -- as well as ACTION, Appalachian Regional Commission, Civil Service Commission, General Services Administration, National Aeronautics and Space Administration, National Science Foundation, President's Committee on Employment of the Handicapped, President's Council on Physical Fitness and Sports, Small Business Administration, U.S. Postal Service and Veterans Administration - reviewed their programs with the following objectives:

- 1. To identify all Federal programs, services and activities currently underway having direct or indirect bearing upon the mentally retarded and the organizations and institutions serving them.
- 2. To analyze the potential of these programs and services to further serve the needs of the mentally retarded in the context of the President's national goals.

3. To determine how these programs might best assist The President's Committee on Mental Retardation in its mission to prevent or ameliorate the problems of mental retardation.

In a separate volume, the reports of the departments and agencies are presented in full. They reveal a broad spectrum of activities to which this brief summary cannot possibly do justice. Persons and organizations in the mental retardation field would do well to review the individual programs shown, to make sure they are utilizing them fully.

This summary aims rather to look at the total Federal structure and its capacity for action in the mental retardation field. It seeks ways to combine the resources of many departments and agencies to solve problems that would exhaust the capability of any one governmental unit.

#### Reducing the Occurrence

The target group for the goal of reducing by one half the occurrence of mental retardation is the expected child, the nev/born, the infant, and the young child. If we allow them to be born and to develop as young children without applying any of our present knowledge, over one half million of our children under the age of five years will be mentally retarded or labelled as such by the time they enter kindergarten. At the present rate of birth in the United States, every year we will be producing as many as 100,000 retarded newborns, who will cost at least \$10 billion to maintain during their lifetimes.

#### GOAL I: Reduction of Occurrence of Mental Retardation

Target group: Expected child, newborn, infant, and young child

Primary resource: Prospective parents, parents, and family

Help and guidance: Friends, neighbors, doctors, social workers, and all human service personnel

Priorities: The very young mother or mother-to-be, and the new born and young child at risk

Critical issues: The mother-to-be at risk

The non-thriving newborn or infant

The unattended child

The abused child

Deficient or inaccessible services

Related issues: Utilization of research in a wide

variety of fields

Controlling or ameliorating MR after

occurrence

Oppressive living conditions

Bleak future prospects

Prospective parents can be made more aware of the causes of mental retardation and of their roles in prevention. Geneticists, pediatricians, family physicians, family counselors, human resource personnel, and social service workers all can help, and in increasing measure as research produces more knowledge.

Perhaps even more critical in this age of industrialization, urbanization, and environmental despoliation, those conditions of oppressive or bleak living which are counter-productive to the best that parents and professionals have to offer should be eliminated. We do not know how many children are actually affected by harsh living conditions but we do know that every despairing and defeated parent places a child at critical risk of achieving less than his or her abilities would allow.

The causes of mental retardation are so complex that we will need every resource of the Federal Government to help eliminate them. But in the long run, investment of effort in prevention is the best way to minimize the burden of retardation.

#### Return to Community

The majority of the 200,000 mentally retarded in institutions will live—and die—on one small piece of land without ever feeling or sensing the world around them, unless we offer them alternatives to the institutions and return them to their communities.

GOAL II: Return one-third of 200,000 Residents of
Institutions to the Community

Target group: Institutional residents

Primary resource: Foster parents, houseparents and

citizen advocates

Help and guidance: Social service individuals and groups,

primary care professionals, friends

and volunteers, housing authorities,

city councils, agencies, and

organizations

Priorities: Residents who have exceeded or who can exceed the capacity of the institution to respond to their needs

Critical issues: Involvement of state agencies in out-

of-home placement

Job opportunity

Wage assistance for the partially

employable

Extended shelter of all types

Legal rights

Daily living assistance

Adequate housing

Training and certification of foster

parents and caretakers

Related issues: Alternatives to institutionalization

Home services and respite care

Improvement of institutions

A physical move is not enough. The Community must be willing to help integrate retarded persons into its daily life, encouraging them as much as possible to live, work and play among other community members. Without the help of employers and business men and the persuasive powers of various Federal departments and agencies, there is little hope for job opportunities for the mentally retarded. Without the help of the community there would be little hope for the mentally retarded to play in parks and playgrounds. Without tolerance and understanding of neighbors and friends there would be little hope of retarded individuals living in a home in a community among the people who could best help them.

Professionals can teach and help the mentally retarded adapt to the daily demands of living and working but they need the assistance of all housing authorities, employment bureaus, city councils, and local agencies if they are to be successful. To the extent that their authorizations permit, these councils and agencies must help communities to understand and adapt to those individuals not so fortunate as they.

#### FINDINGS

#### Initial Results

The review of Federal programs available to help reach the President's two goals included 27 departments and agencies--11 executive departments and 16 executive agencies.

Twenty-two responded. Three agencies did not complete their reports in time for the task force deadline, and two reported that they had no activities in any way related to the mentally retarded.

Seventy-five major organizational units in the 22 departments and agencies reported 91 programs in some way related to the goals of reducing the occurrence of mental retardation or returning the mentally retarded in institutions to the community.

Obligations in excess of \$800 million for programs serving the mentally retarded were reported for the fiscal year 1972. The major part of this obligation - approximately 90% - was shown by the Department of Health, Education, and Welfare, but there were indications that it was closer to its present fiscal limit than many of the other departments and agencies. This implies that increased authorizations might be required by the Department of Health, Education, and Welfare before it could do very much more for the mentally retarded, while administrative adjustments in priorities might suffice, in many cases, for the other departments and agencies.

In terms of fiscal authorizations on programs related to mental retardation, the Department of Agriculture - with 16 related programs - was a distant second to the Department of Health, Education, and Welfare. The Department of Housing and Urban Development was third. The remaining departments followed with significantly lower levels of authorization. All independent agencies - in terms of potential fiscal outlay - were lower than any of the executive departments.

The representatives of the Secretaries and Directors and the staff assisting them on the review, with two exceptions, were not familiar with the field of mental retardation at the beginning of this study. Within a short period of less than ninety days, their awareness increased appreciably. The Department of Agriculture, for example, "found" numerous programs which could have a great effect on the field of mental retardation. This suggests that proper interagency communications and more knowledge of retardation within the agencies themselves could significantly increase the use of government resources to help the retarded achieve fuller lives.

#### Departmental and Agency Services to the Retarded

The Department of Health, Education, and Welfare, through the Health Services and Mental Health Administration, National Institute of Child Health and Human Development, Office of Child Development, Office of Education, and the Rehabilitation Services Administration provides the greatest number of services to the mentally retarded.

The range of services to the mentally retarded - although not the level of effort - was almost as broad in the Department of Defense for military dependents, the Department of Interior for American Indians, the Appalachian Regional Commission for residents of thirteen states, and the Veterans Administration for dependents and war orphans. These programs offered almost a full array of services, short only of a few key capabilities such as work opportunities or economic security through employment.

The greatest surprise was the number of departments and agencies trying to cope with the problems of community and family development. The Department of Agriculture, for example, covered a range of services to the community almost as broad as those of the Department of Health, Education, and Welfare, although directed more to rural populations.

The Appalachian Regional Commission, as another example, attacked these same problems for the thirteen Appalachian states. The Commission's health, child development, education, and vocational rehabilitation programs are related and sometimes identical to programs in the field of mental retardation.

The scattered services now being provided for the mentally retarded, as shown in the accompanying chart, offer a clue to what could be done for the mentally retarded if these services were woven together. The array of services should be complete wherever possible. Where they are lacking, the resources of another department should be called in.

Service by service, the review revealed the following:

Nurture and protection - This is an implied responsibility of all organizations providing services to the mentally retarded; in the past, it was assumed mostly by the Department of Health, Education, and Welfare. Assistance from the Department of Justice is sorely needed.

Physical and mental health - These services are mostly provided through the Department of Health, Education, and Welfare. They are provided for special groups through the Department of Defense, Appalachian Regional Commission, and the Veterans Administration.

Education, development, and training - These are dominated by the Department of Health, Education, and Welfare; mobility training by the Department of Transportation poses a possibility for extensive travel help for the retarded.

Work and economic security - Lack of work opportunities is one of the major deterrents to community movement; there are very few alternatives other than sheltered workshops for the partially capable person.

Housing - The Department of Agriculture has been overlooked as a major source of help in housing the mentally retarded living in rural areas. Some of the obstacles to housing have been overcome by the Department of Housing and Urban Development but this subject remains a serious problem-Food and living assistance - Living assistance is provided by the Department of Health, Education, and Welfare, with special groups being supported by other departments and agencies; food programs are exclusively located in the Department of Agriculture.

Recreation - Recreation programs are inadequate in all departments and agencies. Responsibilities are not clearly established.

Family development and assistance - Except for services to special groups, this responsibility lies with the Department of Health, Education, and Welfare and the Department of Agriculture. The potential of the latter should be investigated in greater depth.

Community development and facility construction - Seven departments and agencies are involved, primarily for underdeveloped and economically marginal communities.

Research and prevention - Genetics studies are being conducted in the Department of Health, Education, and Welfare and the Veterans Administration. Nutrition studies are being conducted in HEW and the Department of Agriculture.

Manpower training and development - There are scattered reports of training for non-professional aides and various human services workers but this is uneven and uncoordinated.

Other services include volunteer programs and state and local government liaison ventures which could have a significant impact on mental retardation programs. These programs, coordinating a variety of resources to aid the retarded, should fulfill a critical need which cannot be satisfied by any one department.

#### Organizational Units and Programs

Thirty of the 91 programs related to the needs of the mentally retarded are located in the Department of Health, Education, and Welfare. The Department of Agriculture follows with the greatest number of programs addressed to the broad category of needs of families and children. It shows MR-related programs in the Agriculture Research Service, the Consumer and Marketing Service, the Cooperative State Research Service, the Extension Service, the Farmers Home Administration, and the Food and Nutrition Service.

All other departments and agencies, with the exception of the Treasury Department, identified organizational units or programs which might help serve the retarded. Most of these were concerned with some special group of individuals or special need of the retarded. Details of involvement are contained in the reports of the departments and agencies.

Some activities are worthy of special mention:

The Department of Commerce funded the National Children's Center in Washington, D.C., through the Economic Development Administration.

The Department of Housing and Urban Development recently modified its housing requirements on certain programs, making certain retarded individuals eligible for support, and also establishes an office of Assistant to the Secretary for the Elderly and Handicapped.

The Departments of Interior and HEW, with the encouragement of the President's Committee on Mental Retardation, recently formed The Interagency Council on Indian Education for Health.

The Department of Justice, through its newly established Institutions and Facilities Office, intervened as amicus curiae on behalf of the mentally retarded at a State institution.

The Department of Labor has been a major force in protecting employment opportunities for the mentally retarded in sheltered workshops.

ACTION has a number of programs where volunteers are helping the mentally retarded or the organizations serving them.

The Civil Service Commission, reporting on Federal employment of the mentally retarded on behalf of all departments and agencies, counted 3,821 mentally retarded employees in Federal

service. The range of job placements includes 150 or more categories, from clerk, food service attendant, and messenger to the less numerous and unusual jobs of animal caretaker, medical technical assistant, and x-ray photographic processor.

The Veterans Administration identified more than 2,000 mentally retarded children of veterans receiving special education and vocational rehabilitation services through programs administered by the Veterans Administration.

In 1970 the Department of Defense provided over \$3.5 million in care for retarded dependents of military personnel.

#### Implications for Coordination

The review indicates that the mentally retarded could benefit from a strong, carefully planned working relationship between departments and agencies. Departments and agencies, working together, can help fill gaps in the broad array of services required by mentally retarded persons, can help bolster programs with special knowledge of either the needs of the retarded or services required by them, or can combine programs for greater impact than otherwise possible.

#### Specifically...

Children and their families, particularly those living under stress or distant from services, could benefit from broad programming efforts by almost all departments and agencies.

Malnutrition and its effect on the young child and the expectant mother is a complex problem deserving of widespread attention.

Much is known but more needs to be known about preventing mental retardation, and the research units of all departments and agencies must cooperate to define the critical issues.

Community living for the retarded is an issue involving so many factors that the Department of Health, Education, and Welfare must seek the help of the Departments of Labor, Commerce, Justice and virtually all other departments and agencies to deal with it.

It is apparent that although HEW has the principal responsibility in the field of mental retardation, it alone does not have the resources to serve all needs of the retarded. HEW needs the assistance of the Department of Commerce in coping with problems of economic blight which lead to higher incidences of mental retardation; the Department of Interior for recreational assistance and help with American Indian people; the Department of Justice for protection of rights and for help with the youth or adult who might find it difficult to cope with the complex laws of our society; the Department of Labor for employment assistance; and the Department of Transportation for assistance with individuals whose needs for mobility cannot always be satisfied by mass transit systems.

To mobilize available government resources for the retarded, we proceed to offer specific recommendations for strengthening the Federal effort. Most of these call for interdepartmental coordination. Some call for individual agency actions. In a few cases, legislative amendments are implied.

#### RECOMMENDATIONS

#### Coordination

A single point of coordination on programs related to mental retardation should be established within the Federal Government to make sure that an inter-departmental plan of action is carried out. Executive Order 11280, under which the President's Committee on Mental Retardation was established, specifies that coordination of activities of Federal agencies in the mental retardation field shall be undertaken as "the President may from time to time request". Such actual assignments have never been made.

It is recommended that the <u>President's Committee on</u>
Mental Retardation be directed to coordinate the programs of
<u>Federal agencies</u> directly or indirectly related to the
mental retardation field. A periodic review and evaluation of all MR-related programs should insure that they
are used to the maximum to reduce the occurrence of mental
retardation, return the mentally retarded to the community,
or guarantee the mentally retarded equal and fair access
to service.

It is recommended that all departments and agencies follow the example of the Departments of Health, Education, and Welfare, Housing and Urban Development, Interior, and Transportation by establishing an MR coordination and liaison office at the executive level. This office, to be established by the Secretary or Director, shall be responsible for coordination of programs on behalf of the mentally retarded both within the department and with other departments. Its personnel will be responsible for the evaluation of these programs, thus providing a degree of accountability within the department. This office shall be the principal point of contact by the President's Committee on Mental Retardation on all matters pertaining to the mentally retarded.

#### Departmental Responsibilities

Such goals as preventing retardation and helping the retarded to move from the isolation of institutions are tasks which no single department of the Federal Government can undertake alone. The Department of Health, Education, and Welfare - up to now the mainstay of programs for the retarded - must be helped by all other departments and agencies to the limit of their authorities to mount a broad frontal attack on the problems of mental retardation.

It is recommended that the <u>Department of Health</u>, <u>Education</u>, and <u>Welfare review all mental retardation programs within</u> the department to determine what funds are being used for <u>services other than medical</u>, <u>educational</u>, <u>social</u>, <u>and other direct services</u>. Housing, food employment, transportation, <u>legal and other supporting services that could be provided</u> by other departments and agencies should be identified so that attempts can be made to assign the responsibility for these services to the appropriate department or agency.

#### Program Authorities

Housing, employment, and various other authorizations are not always clear on what funds can or cannot be spent on behalf of the mentally retarded. An amendment to the National Housing Act, for example, specified that certain housing provisions could be authorized for the "physically" handicapped. HUD, in time, interpreted this phrasing to include the mentally retarded who were organically damaged. What further eligibility limitation this might impose on the mentally retarded is not known.

All departments and agencies, in cooperation with the President's Committee on Mental Retardation, should examine all existing program authorizations from the viewpoint of the mentally retarded. Regulations and guidelines should be included in this review. Limitations or deficiencies should be noted and a plan for the modification of authorizations be proposed.

#### Research and Prevention

In more than three out of four cases the cause of mental retardation is not medically traceable. However, there is evidence that a child who is not nurtured properly during the early formative years or who is raised in a hostile environment will often resemble the child for whom cause of retardation has been identified. Efforts at prevention may begin by focusing on the susceptible mother and child, but they must move on to focus as well on those societal influences which might adversely affect the mother and child.

The research resources of all disciplines must be brought to bear on the complex influences which affect the child negatively to the degree that he becomes retarded. The Department of Health, Education, and Welfare should develop and publish a registry of all research in all departments and agencies which, in some way, might affect the child at risk.

The Department of Health, Education, and Welfare should institute plans to help all service units utilize more widely the best of research available from the Department of Agriculture on nutrition, NASA on physiological testing, HEW on maternal and child health (including genetics), Veterans Administration on brain dysfunction, and all other departments and agencies on all factors bearing on the mother and child. This information should be aimed at the primary care people, including professional and non-professional, who attend to the daily needs of mother and children.

The Department of Health, Education, and Welfare, Department of Agriculture, and the Appalachian Regional Commission should consolidate their resources for combating malnutrition among mothers to be, new borns, and infants. Every possible food outlet should be enlisted under a plan involving all departments and agencies in any way concerned with the young mother or child. Research results on the subject of nutrition, including those from non-governmental sources receiving National Science Foundation support, should be widely disseminated through these outlets.

A semi-annual report on gains being made against the threat of lead poisoning to young children by all departments and agencies involved in antiplumbism programs should be prepared by the Department of Health, Education, and Welfare. This report should include information on successes in intervention or prevention and on problems over which the Federal Government has little direct control, and proposals for additional action which will eliminate this problem.

#### Housing

For housing assistance from Federal sources, the retarded are totally dependent on the Department of Housing and Urban Development and the Department of Agriculture. Living allowances offered to the mentally retarded are rapidly depleted by high housing costs, leaving little for special services which many individuals cannot afford to be without. The recently modified HUD interpretations on the eligibility of the mentally retarded under certain provisions of the National Housing Act are a start toward alleviating this problem. Field offices of the Department should be encouraged

to apply them. More can and should be done for groups of children living in community residences and those children and adults denied housing by arbitrary and discriminatory zoning regulations.

Representatives from the Department of Health, Education, and Welfare, the Department of Housing and Urban Development, the Department of Agriculture, the Department of Justice and other involved agencies should develop a\_ short term plan which would identify the problems and seek the necessary solutions for developing a broader capability of establishing group homes and other forms of housing in the community for mentally retarded persons. All the possibilities for support should be considered, including such options as adults living individually or in groups or children being cared for by foster parents.

#### Employment

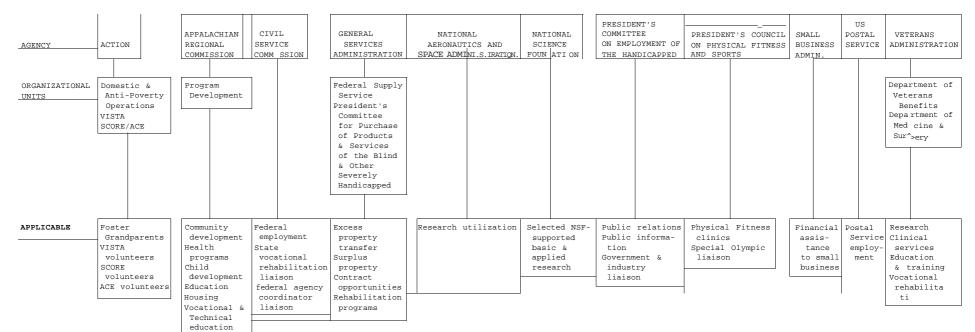
In every community the mentally retarded should be offered the opportunity to be trained for competitive employment, to be sheltered in training programs as long as necessary, and to work for a partial wage supplemented by wage assistance if they are unable to compete in the open market.

Under the leadership of the Department of Labor a plan for expanded programs of sheltered employment for approximately 200,000 mentally retarded should be developed by departments and agencies concerned with the adult retarded. These programs should be

augmented with a program of wage assistance and with intensive placement programs so that sheltered workshops will be able to serve new clients each year. Toward this end the newly formed Committee on Purchases of Products and Services of the Blind and Other Severely Handicapped should provide services to the mentally retarded as rapidly as possible. On bids to the Federal Government for which sheltered workshops qualify as bidders, use of government furnished equipment and government bills of lading should be authorized. In addition, the Small Business Administration should consider providing loans and technical assistance to workshops; ACTION's Service Corps of Retired Executives should consider expanding their management counseling

	INDIVIDUAL SERVICES											
Departments and Agencies	Nurture and Protection	Physical & Mental Health	Education, Development, & Training	Work and Economic Security	Housing	Food and Living Assistance	Recreation	Family Development & Assistance	Community Development & Facility Construction	Research and Prevention	Manpower Training and Development	Other Services
DEPARTMENTS												
Agriculture					х	Х		Х	х	х	Х	4H Volunteers
Commerce									Х		Х	Census data
Defense		Х			Х	х						"Children Have a Potential" program
HEW	Х	Х	Х	Х		Х	Х	Х	Х	Х	Х	Institutional improvement; internatl. activities
HUD					Х				Х	Х		Mortgage insurance for care facilities
Interior	Х		Х			х	х	Х	Х			Liaison with state and local programs
Justice	Х											
Labor				Х							Х	Publication of "Occupational Outlook"
State												International teacher/student exchanges
Transportation			Х						Х			Special transportation studies
Treasury												
AGENCIES												
ACTION												Assistance through voluntary services
App. Reg. Comm.		Х	Х	Х				Х	Х	Х		Supplemental grants
Civil Serv, Comm.				Х								
Gen. Serv. Admin.				Х								Contract opportunities; property administration
NASA												Utilization of space research
Natl. Sci. Fd.										Х		
PCEH				Х								Public relations; public information
PCEF and S							х					
Small Bus. Admin.												Financial assistance to small businesses
US Postal Serv.				Х								
Vet. Admin.	X	X	X			X		Х		Х		

DEPARTMENT ORGANIZATIONAL UNITS	AGRICULTURE  Agricultural Research Consumer & Marketing Cooperative State Research Extension Farmers Home Admin. Food & Nutrition	COMMERCE 1 Economic Development Admin. Bureau of the Census	DEFENSE  1 Office for the Civilian Health & Medical Program	HEALTH EDUCATION, AND WELFARE  Office of MR Coordination Office of Child Development Office of Education Health Services & MH Admin, Natl. Institutes of Health Social & Rehab. Service Social Security Admin. Food & Drug Admin.	HOUSING AND URBAN DEVELOPMENT  HOUSING Management Housing Production SiMortgage Credit & Federal Housing Commnr. Research & Technology	INTERIOR  1 Bureau of Indian Affairs National Park Service Bureau of Outdoor Recreation	JUSTICE  1 Office of the Deputy Atty, General Institutions & Facilities Office _aw Enforcement Assistance Admin. Sureau of Prisons	LABOR  Employment Standards Admin. Manpower Admin.	STATE  i Bureau of Educational StCultural Affairs	TRANSPORTATION  Tederal Highway Admin. Safety & Consumer Affairs Policy Si Internatl. Affairs	TREASURY
APPLICABLE PROGRAMS	Nutrition research Nutritive value of foods Child nutrition Family food assistance Family education Rural living improvement Rural housing Shopping & cooking guides Home economics Food consumption survey 4-H volunteers	Community economic stimulation Data acquisition	Dependent medical care Purchase of medical & educational services	Advocacy Maternal & child health Early education Special education Professional training Educational media Biological & behavioral research Clinical services Family development Homemaker services Family planning	Model Cities Mortgage insurance Neighborhood facilities	Indian-social services, institutional care camping, day care, special educa- tion, health, child welfare, family education Recreation area development National park utilization	corrections Law enforce- ment assistance	Employment opportunities protection Work experience Job Corps Job training Neighborhood Youth Corps Operation Mainstream Area manpower planning	Educational exchange	Pedestrian safety Traffic control Safety tours Urban transportation Rural transportation Community effects Engineering aids Special Transportation Mobility training Transportation safety	
				Physical & mental health Anti-plumbism Lndian health Migrant health Vocational rehab. social services Assistance payments facility construction			1	j			



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